## Complete and send this form, (ogether with applicable fee(s), to: Mail Commissioner for Patents P.O. Box 1450 P.O. Box 1450 Alexandria, Virginia 22313-1450 or Eas (571)-273-2880

INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance for notifies	form should be used correspondence includ- ted below or directed of stions.	for transmitting the ISS ing the Patent, advance of therwise in Block 1, by (	UE FEE and PUBLICAT orders and notification of a (a) specifying a new corres	ION FEE (if requ maintenance fees v spondence address	ired). Blocks I will be mailed t ; and/or (b) ind	through 5 st to the current icating a sepa	hould be completed who correspondence address rate "FEE ADDRESS"	
CURRENT CORRESPOND	ENCE ADDRESS (Note: Use f	Not Fee	Note: A certificate of mailing can only be used for domestic mailings of t Fee(s) Transmittal, This certificate cannot be used for any other accompany, papers. Each additional paper such as a contract of the company					
YOUNG & TH 209 Madison St Suite 500 ALEXANDRIA	reet		have its own certificate of maling or transmission.  Certificate or dynaming or Transmission  Linerby certify that this Feety Transmission being deposited with the United States Postal Service with sufficient paid in being deposited with the United States Postal Service with sufficient paid of the postal during the being deposited with the United States Postal Service with sufficient paid of the United States and t					
			-				(Depositor's name	
			<u> </u>				(Signature	
							(Desi	
APPLICATION NO.	NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DO	OCKET NO.	CONFIRMATION NO.	
10/585,081 FITLE OF INVENTION	05/10/2007 : NETWORK MANAG	EMENT	Liangshong Chen		4502-10	067	7699	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	E PER TOTAL	FRE(S) DUE	DATE DUE	
nonprovisional	YES	\$1578	\$300	\$0		\$1055	10/06/2009	
EXAMINER		ART UNTT	CLASS-SUBCLASS					
HO, ANDY		2194	709-227000					
Change of corresponderess form PTO/SB  "Fee Address" indi PTO/SB/47; Rev 03-0; Number is required.	cation (or "Fee Address" 2 or more recent) attach	inge of Correspondence  "Indication form and Use of a Customer	(1) the names of up to or agents OR, alternative (2) the name of a single registered attorney or 2 registered patent after listed, no name will be	For printing on the patent from page, list  ) the names of up to 3 registered patent attorneys  **agents OR, alternatively.*  the name of a single firm throwing as a member a gastered attorney or agent) and the names of up to  gastered attorney or agent) and the names of up to  gastered attorney or agent).  **THOMPSON  **gentled printing throwing as a member a gastered attorney or agent).  **THOMPSON  **gentled printing throwing as a member a gastered attorney or agent).  **THOMPSON  **gentled printing throwing as a member a gastered printing throwing as a member a gastered attorney or agent).  **THOMPSON  **gentled printing throwing as a member a gastered printing throwing thr				
PLEASE NOTE: Unic recordation as set forth (A) NAME OF ASSIG REEN PACKET	ess an assignee is identi in 37 CFR 3.11. Comp iNEE , INC.	ified below, no assignee eletion of this form is NO	THE PATENT (print or typ data will appear on the pa T a substitute for filing an a (B) RESIDENCE: (CITY CUPERTING	ntent. If an assigne assignment. and STATE OR CO., CALIFOR	OUNTRY) RNIA			
i. The following fee(s) a	re submitted:  small entity discount p	4b	De Payment of Foc(s): (Please first reapply any proviously paid issue fee shown above)  ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is stached. ☐ The Director is horeby authorized to charge the required fee(s), any defleciency, or credit any overpayment, to Deposit Account Number 250120 (enclose an extra copy of this form).					
Change in Entity State	s (from status indicated SMALL ENTITY status	above)		(I)	F NECESS	SARY		
OTE: The Issue Fee and	Publication Fee (if requ	ured) will not be accepted	b. Applicant is no long if from anyone other than the Office.	er claiming SMALI e applicant: a regist	L ENTITY status	s. See 37 CFR	. 1.27(g)(2).	
Authorized Signature	Benoît (	Castel	Office.				assignee or other party in	
Typed or printed name	Benoit Cas	tel	Date October 6, 2009  Registration No 35, 041					
is collection of informat application. Confidenti- omitting the completed is form and/or suggestion x 1450, Alexandria, Vir exandria, Virginia 2231	ion is required by 37 CI ality is governed by 35 I application form to the is for reducing this bure ginia 22313-1450. DO 5-1450.	FR 1.311. The information U.S.C. 122 and 37 CFR I USPTO. Time will vary den, should be sent to the NOT SEND FEES OR C	n is required to obtain or re 1.14. This collection is estis depending upon the indivi- Chief information Officer OMPLETED FORMS TO	tain a benefit by the nated to take 12 mi dual case. Any com U.S. Patent and Ti THIS ADDRESS.	public which is inules to comple iments on the ar rademark Office SEND TO: Con	s to file (and b ete, including a mount of time b, U.S. Departs nmissioner for	y the USPTO to process) gathering, preparing, and you require to complete ment of Commerce, P.O. Patents, P.O. Box 1450,	

The multiple of